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ABSTRACT

This study examined four male homosexual, sociocultural groups: normal-hearing homosexuals with normal-hearing parents, deaf homosexuals with normal-hearing parents, deaf homosexuals with hearing-impaired parents, and hard-of-hearing homosexuals with normal-hearing parents. Differences with regard to self-perception, identity, and attitudes were noted among groups, based on a mailed questionnaire. Respondents included 33 normal-hearing, 19 deaf, and 7 hard-of-hearing homosexuals, for a total of 59. Data indicated that hard-of-hearing homosexuals had the most positive attitudes and perceptions, while hearing and deaf male homosexuals of homogeneous familial backgrounds reported more negative attitudes and perceptions. Hearing homosexuals appeared less content with their love lives and relationship status than deaf homosexuals. Hearing gays and deaf gays with deaf parents showed the most confusion and negative feelings about their sexuality. On the whole, deaf homosexuals had a more positive image of themselves than did hearing homosexuals. A greater percentage of deaf homosexuals belonged to gay advocacy clubs and organizations, indicating the existence of a gay sub-culture within the deaf culture. The "Conclusions" section discusses education-related findings on pages 53-55. Other findings concern religious affiliation, time required from first suspicion of homosexuality to actual acceptance, first sexual experience, and attitudes toward and knowledge about AIDS (Acquired Immune Deficiency Syndrome). (Contains approximately 40 references.) (JDD)

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Perceptions & Attitudes of Male Homosexuals From Differing Socio-Cultural & Audiological Backgrounds

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Abstract

The purpose of this research was to examine differences between normal-hearing, hard-of-hearing, and deaf homosexual males regarding their perceived identity and attitudes within multi-faceted, socio-cultural constraints. Four homosexual, socio-cultural groups were examined: normal-hearing homosexuals with normal-hearing parents; deaf homosexuals with normal-hearing parents; deaf homosexuals with hearing-impaired parents; and hard-of-hearing homosexuals with normal-hearing parents. The data was collected via a questionnaire distributed through the mail. Differences with regard to self-perception, identity, and attitudes were noted between groups. Many of these disparities can be attributed to socio-cultural norms, as well as established hierarchies of interpersonal and intrapersonal identity expression, with clear definition along audiological boundaries. It was expected that hearing-impaired individuals from hearing-impaired familial backgrounds would have more positive attitudes and perceptions than hearing individuals from hearing familial backgrounds. A hierarchy of perceptions and attitudes from most positive to least positive was expected as follows: deaf subjects of deaf parents, hearing subjects of hearing parents, deaf subjects of hearing parents, hard-of-hearing subjects of hearing parents. This hypothesis was based upon the belief that there would exist greater support within familial units of similar audiological backgrounds as opposed to those with differing audiological backgrounds.

The data collected demonstrates that the opposite is true, that hard-of-hearing male homosexuals had the most positive attitudes and perceptions, with hearing and deaf male homosexuals of homogeneous familial backgrounds reporting more negative attitudes and perceptions.

Introduction

Stated quite simply there is a lack of information regarding the hearing-impaired community and its perceptions, misconceptions, and overall understanding of homosexuality. One can go through any shelf of psychological abstracts and find a plethora of data and research focusing on the gay male and lesbian female and their interactions within society (Bell & Weinberg, 1978; Allen, 1971; Coleman, 1982; Freedman, 1989; Green, 1987; Guyon, 1949; Hargis, 1989; Hite, 1988; Hotvedt, 1982; Larson, 1982; Levine, 1989; Masters, 1988; McNaught, 1986; McNeill, 1976; Moses, 1982; Novak, 1989; Paul, 1982; Plummer, 1981; Spong, 1989; Zakarewsky, 1978, 1979), yet the hearing-impaired individual's input to this research has much too long been overlooked. Certainly minority studies have been conducted focusing on blacks and other easily identifiable minority groups, but hearing impairment can still be accurately regarded as the invisible minority. Invisible in the sense that there is no outward appearance of a difference, or deficiency if you will, until one realizes that audiologically the individual does not function on the same turf as the bulk of society, often being shunned and avoided at all costs. This is the dilemma that

is faced by the hearing-impaired individual. The dilemma not only exists in mainstreamed society across cultures, but within the familial unit itself. Perhaps an explanation is in order before I proceed. Most hearing-impaired individuals prefer to be called "Deaf," this being a political and cultural issue. Throughout this research proposal you will see the words "hearing-impaired," "deaf," and hard-of-hearing used. "Hearing-impaired" shall be used when referring to the parents of the subjects, and in identifying hearing loss in a generic manner. A distinction will be drawn in participants who have hearing loss; those who either consider themselves culturally and/or audiologically deaf, or those who consider themselves culturally and/or audiologically hard-of-hearing. It is realized that this determination is subjective by the participant, but in light of the research in context of perception and attitude, the ambiguity is acceptable. Normal-hearing individuals are called "hearing" during this study. Here again the Deaf Community should be explained. This is a network of deaf/hearing-impaired individuals who share a common physical impairment, namely a hearing loss. Hearing-impaired individuals function within two cultures, their own Deaf Culture, and that of the normal-hearing community. The degree of hearing loss often determines the degree to which the individual will function within their own Deaf Community or in the "Hearing World," the latter occupied by the majority of the population--those with normal hearing. The extent to which a hearing-impaired individual functions in one

culture as opposed to the other is dependant is also by their familial situation, educational background, audiological background (degree of hearing loss), and quite possibly their sexual orientation. The average John Doe, normal-hearing person "on the street" has a less than adequate knowledge of hearing impairment, and certainly has no grasp of the meaning and implications of Deaf Culture. It is important to note that the hearing-impaired individual must function cross-culturally, at least if they wish to attain any level of social balance within the predominant "Hearing Culture." Theirs is not a conscious decision or choice. On the other hand, a person with normal hearing who functions cross-culturally is either born into a family with this mixed culture in place (i.e. one or both parents with hearing-impairment), or they may seek it our for various socio-cultural reasons. It is not the purpose of this research to make an in-depth examination of Deaf Culture, for that has been addressed in numerous articles and publications (see D. Cokely, M.J. Bienvenu, B. Colonomos). What will be addressed in this research are the apparent differences between homosexuals from differing audiological and familial backgrounds, those operative within each culture and cross-culturally as well. As stated previously, four homosexual, socio-cultural groups shall be examined: normal-hearing homosexuals with normal-hearing parents; deaf homosexuals with normal- hearing parents; deaf homosexuals with hearing-impaired parents; and hard-of-hearing homosexuals with normal-hearing parents. Thus we have two

audiologically homogeneous groups, and two groups that are audiologically cross-cultural. The researcher's personal observations with regard to Deaf Culture and the networking of support systems that operate within this tightly knit group suggests that this sub-culture may indeed have a different ideology and set of norms, separate and distinct from the "Hearing Culture." Those individuals who find themselves functioning within this culture share a mutual bonding formed by audiology, as well as the need to preserve their dignity in the face of oppression by the larger "hearing" society. This strong bonding within the culture may exhibit many facets that lend themselves to a greater degree of tolerance for sexual orientation that differs from societal norms. The "Hearing Culture" and the "Deaf Culture" address those issues affecting three of the groups being examined. There exists one other group being examined, being audiologically or perceptually hard of hearing. There exists debate where these individuals fit into either of the above cultures, if at all. This is the main reason for the inclusion of this additional group; to examine the implications of being hard of hearing in essentially a bicultural society (with regard to audiology). What effect does this have on perceptions and attitudes? Hence the focus of this research upon one such area, homosexuality in the familial unit which exists exclusively within this culture and cross-culturally. Does the hearing-impaired homosexual experience their homosexuality in the same manner in which the normal hearing

homosexual does? Are there differences among the various groups in how the homosexuals perceive their sex orientation and what is their attitude towards this sexuality? How do these different groups establish and perceive their own identity? These questions shall be examined with some light hopefully shed upon the self-perception of the hearing-impaired homosexual and those homosexuals with familial ties to hearing-impairment. It is expected that those from a homogeneous familial background of hearing impairment will have more positive perceptions and identity. At the other end of the spectrum, those who consider themselves audiologically and/or culturally hard-of-hearing from hearing familial background are expected to exhibit the lowest self- perception and identity.

The results from this research should have an overall enlightening effect upon our knowledge of hearing-impaired homosexuals in general and those who function within various audiologically distinct and culturally diverse familial units. The fact that no empirical research has been done to date on this problem is clear evidence that the results should have beneficial significance. All of what this researcher has stated thus far in this proposal with regard to cross-cultural functioning and suggested differences across socio-cultural boundaries is based upon his own observations and not upon completed research. The hearing-impaired community has received a recent surge of energy in recent years with increased recognition by the general

normal-hearing population. Now it is time to further this knowledge by studying various facets of the Culture, and examine similarities and differences of mores, norms, perceptions and identity between Deaf Culture and "Hearing Culture" with respect to the issue of homosexuality. Gaining insight to suggested cohesiveness within the Deaf Community with regard to homosexuality could produce beneficial applications to the homosexual (and heterosexual) population at large.

Method

Subjects

This research was conducted by administering a questionnaire, non-randomly, to participants from four distinct groups: normal-hearing homosexuals with normal-hearing parents; hearing-impaired homosexuals with normal-hearing parents; hearing-impaired homosexuals with hearing-impaired parents; and hard-of-hearing homosexuals with normal-hearing parents. All subjects were males. Participants were solicited from the hearing and hearing-impaired populations of Washington, D.C.; Baltimore, Maryland; New Orleans, Louisiana; San Francisco, California; and Los Angeles, California.

Some of the subjects were known personally, others were referred by friends, and still others were obtained from personals section of The Washington Blade, a weekly newspaper of the Washington, D.C. gay community.

Procedure

The questionnaire was designed to measure the participants' self-perception as well as their attitudes towards their own homosexuality, and homosexuality in the broader sense. Various dependent variables were established in the background portion of the questionnaire which further categorized each individual. Responses made in the perceptions and attitudes section acted as guides for comparing the established groups.

Once a satisfactory questionnaire was produced, a search was established to recruit names of potential subjects. Even though it would have been highly beneficial to distribute the questionnaire at Gallaudet University, given the campus's audiological diversity, the decision was made to use potential subjects that could be contacted outside the confines of Gallaudet University. This was due mainly to the sensitive nature of the questionnaire used in this research; it was not submitted to Gallaudet University's Institutional Review Board for approval, thus it could not be administered or distributed at Gallaudet University. Subjects in the procedural description of this research, as you may have already noticed, are referred to as **potential** subjects simply because at this point in the research not everyone that was mailed a questionnaire could be assumed a subject, unless of course there was a 100 percent return rate.

It was the researcher's opinion that the only risk to the participant was that of anonymity, and this was maintained at all

times during this research. No codes or marks for matching purposes to link names with questionnaires was employed. The researcher was aware of the highly sensitive nature of this study and was dedicated to the maintenance of the highest standards of confidentiality and anonymity.

Results and Discussion

Of the 102 questionnaires mailed, 59 were returned. This added up to a return rate of nearly 58 percent, quite remarkable for a study of this nature. Of the respondents (subjects) there were 33 normal-hearing, 19 deaf, and 7 hard-of-hearing individuals (n=59). Of these, only two normal-hearing subjects had deaf parents. Because this number was small, these subjects were included in the cell (group) of normal-hearing homosexuals with normal-hearing parents. Of the 19 deaf subjects, 12 had normal-hearing parents and 7 had deaf/hearing-impaired parents. This latter group comprised over one-third of the deaf subjects, and was considered large enough to create the target cell of hearing-impaired subjects with hearing-impaired parents. The final group, 7 hard-of-hearing subjects, all had normal-hearing parents, thus the criteria were met for the establishment of this cell. It is important to bear in mind that those in the hard-of-hearing cell were placed there based upon their answer to the question in the questionnaire as to whether they considered themselves deaf or hard-of-hearing. By answering that they considered themselves hard-of-hearing may be more of a psychosocial statement than one based purely on audiological

criteria. Regardless, it was deemed important to place subjects in either the deaf or hard-of-hearing cells based upon their own perceptions of how they function culturally along the audiological continuum.

In summary, the four cells used were:

(1) Normal-hearing gay males with normal-hearing parents: n=33, referred to in this paper as **HHP**;

(2) Deaf gay males with normal-hearing parents: n=12, referred to in this paper as **DHP**;

(3) Deaf gay males with hearing-impaired parents: n=7, referred to in this paper as **DDP**;

(4) Hard-of-hearing gay males with normal-hearing parents: n=7, referred to in this paper as **HHHP**.

As with any research into homosexuality, there are a diverse number of ways in which to conduct the research. Plummer (1981) identified two methods: that which examines homosexuals who are under psychiatric care, and the route where subjects are recruited through gay community networking, or even soliciting participants from bars and baths (Bell and Weinberg, 1978).

No claim is made that the methods used here were the best available. At best this can be looked upon as a pilot study, considering the small number of subjects, and the manner in which they were selected, non-randomly. Additionally, the subjects were self-selected, each deciding whether to participate; either return the completed questionnaire or not. Yet, the subjects were recruited from diverse backgrounds; from college students to medical doctors, bartenders to interpreters. The underlying purpose was to gain a mix of individuals representative from both

the hearing and deaf culture. While some of the individuals solicited later turned out to be under the care of mental health care professionals, this was by no means a qualifying factor for their selection. Though selected non-randomly, the researcher knew very little of the background of the participants, especially that relating to perceptions and attitudes influenced by sexual orientation.

The researcher also recognizes the fact that there is a degree of ambiguity within the questionnaire instrument. The mere fact that it is a true and false survey places strict constraints upon the respondents, allowing little flexibility for the subject to answer along a continuum which might reflect middle ground or gray areas, if you will. By a subject answering a question false does not mean that they necessarily deem it to be true, perhaps they may only place 51% value on its "trueness." This would hardly be considered a sweeping conviction that such a statement is true, no holds barred. However, it is assumed that the subjects reacted according to a subjective mean, that since this confounding variable cannot be controlled, at least it did occur across the board and should, in effect, equalize itself.

Before going further, it should be explained that the term hearing-impaired as used in this paper should by no means be interpreted as a derogatory label. There exists much controversy at present over the use of proper terminology when referring to the deaf and hearing-impaired population, with most of the discussion centering around cultural identity and perspective.

This paper is not meant to be a philosophical essay on terminology with regard to audiological differences. The fact that the "deaf" respondents have been grouped into cells for data evaluation makes it rather difficult to maintain a singular term in referring to these varying groups. For those who are offended by the use of the term hearing-impaired, please consider the context.

As stated above, the first comparison was made between two general cells, hearing and hearing-impaired. The next comparison was made between HHP (normal-hearing gays with normal-hearing parents) subjects, deaf subjects, and HHHP (hard-of-hearing gays with normal-hearing parents). A final comparison was made between the four targeted cells of HHP subjects, DDP (deaf gays with hearing-impaired parents) subjects, DHP (deaf gays with normal-hearing parents) subjects, and HHHP subjects.

The questionnaire was essentially separated into five sections: a general background section; a background section for hearing-impaired subjects; a background sections for normal-hearing subjects; the attitudes and perceptions survey section; and a final section that allowed the subjects to makes comments in an open-ended manner.

General Background

The median age for all hearing-impaired subjects was 25, while the median age for hearing subjects was 32, seven years older. The lower median age among the hearing-impaired subjects is a reflection of non-random sampling which focused upon

students at Gallaudet University, the majority of whom are hearing-impaired.

The religion of the gay male's family while growing up was predominantly Catholic among all cells, with the exception of HHHP subjects who were 43% Catholic and 43% Protestant. There existed a somewhat high incidence of Jewish DHP subjects at 25%, which reflects 3 out of the 12 DHP were raised as Jews.

HHP were predominantly functioning vocationally as professionals (73%), while the majority of DDP and DHP, 57% and 50% respectively were students. Of the HHHP subjects, 43% were vocationally "other", which either meant mixed vocations or no vocation at all.

Referring to highest educational level achieved a word of caution will be offered here. In decoding the data, the researcher noted that many hearing-impaired subjects responded that they had attained a Bachelor's degree, but this seemed contradictory in many circumstances in view of the subject's age listed on the questionnaire, with some as young as 20 years old. It is the researcher's opinion that many of the hearing-impaired subjects misinterpreted this question and presumed it to mean the level of education that they were embarking upon or program which they were currently enrolled in terms of education. Nevertheless, the responses were never changed, but the percentiles of hearing-impaired subjects within the B.A./B.S. category should be viewed with skepticism.

It was quite evident here that the HHP had achieved a higher level of education, with 36% having attained a Master's degree and beyond. While this was true, it should be understood that the median age of the HHP cell was higher than all other cells, thus serving as a possible explanation for this skewed level of education. Conversely, the HHHP subjects appeared to be low achievers educationally, with 57% having attained only a high school diploma. This again must be viewed with caution for the median age of the groups differs greatly, especially between HHP and HHHP, 32 and 23 respectively.

As for incidence of homosexuality within the family, it should first be explained that nuclear family refers to parents and siblings and extended family refers to grandparents, cousins, aunts, uncles, nieces, and nephews. In cases where homosexuality was reported in both the nuclear and the extended family, this was assigned to the nuclear family. A high percentage of HHHP subjects reported homosexuality within their nuclear family (57%). The majority of DDP had homosexual relatives in the extended family (71%), while 52% of the HHP had no homosexuality in their family.

The majority of all cells reported that their family members were not involved in any gay support groups or organizations. HHP and HHHP did show incidence of some familial involvement in organizations, but DDP and DHP showed no incidence at all. This could be reflective of language barriers which make involvement difficult, often requiring an interpreter to accompany the family

members to the support group functions. Here, language was seen by the researcher as the main barrier to involvement. There also may exist language problems in the familial unit of the DHP cell. Not all, and in fact very few parents in the past have taken the time to learn manual communication in order to converse effectively with their deaf/hearing-impaired/hard-of-hearing offspring. The number of parents who communicate manually as opposed to orally may be increasing, but it has yet to reach the same level where the DDP cell functions communicatively. An additional factor that may account for the low involvement in organizations, most notably in all hearing-impaired cells, would be the lack of knowledge of their existence. While this would apply as well to the hearing cell, it is suggested that the hearing-impaired cells have less contact with the "normal" societal infrastructure when it comes to networking, counseling, and advocacy.

The majority of all cells, with the exception of HHHP, were presently in no relationship, either homosexual or heterosexual. This of course says nothing about whether they have ever been in a relationship, but only examines the subjects' present status. Hite (1982) reports that the majority of gay males did not desire a monogamous or long-term relationship, and that relative few were involved in such a relationship. Hite can hardly be deemed as the ruling authority on whether all or most gay males would desire a relationship, but her findings have been adopted by many, while challenged by many others. Nevertheless, this seems

to support Larson's (1982) findings that there are few gay males involved in long-term relationships, and a trend exists where short-term relationships may be the wave of the future. Again, not being in a relationship does not mean that the gay male does not want to be in a relationship. **Wanting** and **having** are two very different things, obviously.

The median age at which DDP subjects first suspected they were gay was the lowest among all cells, at less than 10 years of age. The median age for all other cells, HHP, DHP, and HHHP was 10-13 years of age. The median age at which the subjects first **knew** they were gay was 14-17 years of age, with the exception of HHHP subjects, whose median age was 18-21. This shows a delay from suspicion to acknowledgement of at least 7 years for DDP, at least 4 years for HHP and DHP, and at least 8 years for HHHP.

The age at which the subject accepts their homosexuality reflects a median age of 22-25 years for HHP, and 18-21 years for all other cells (DDP, DHP, and HHHP). This interprets to a time lag between first suspecting they were gay to acceptance of the fact they were gay as follows: more than 12 years for DDP, and at least 12 years for HHP, DHP, and HHHP. There still exists a high percentage of HHHP who did not accept their homosexuality until the age of 22-25 years (29%), and DDP at 26-29 years of age (43%). There exists a solid core of hearing-impaired individuals who come to terms with their sexual orientation at the age of 18-21. A word of caution should be offered here. Most of the hearing-impaired subjects were either present or former students

at Gallaudet University. The might be deemed as an "age of awakening" for the gay hearing-impaired individual as they come into contact with others who share the same sexual orientation. Perhaps the gay hearing-impaired individual comes to terms with their sexual identity much more easily in an audiologically homogeneous environment.

Somewhat confounding was the degree of ease/difficulty with which the subjects accepted their homosexuality. The majority of all cells found it somewhat difficult with the exception of the HHHP, who at 43% described their acceptance as somewhat easy. Considering the 12 year time lag for the median of HHHP between suspicion and acceptance, and the high percentage that extended that to 15 or more years, this seems puzzling. Again, there was a small sampling of HHHP (n=7), so this could hardly be considered representative of this population.

The age of first homosexual experience shows a median age of 10-13 for both DDP and DHP, and 14-17 for both HHP and HHHP. It should be noted that a high percentage of HHHP had their first homosexual experience at the age of 10-13. This shows a markedly lower age for first homosexual experience for all hearing-impaired cells as compared with HHP subjects.

Masters (1988) and others report a long delay between the time that gay males first suspect they were gay to the actual time that they accept their homosexuality. All of the above data was in keeping with Masters' findings.

The relative age of the subject's partner in the first homosexual act shows a mixed a good deal of diversity. While 70% of HHP reported that their partner was about the same age, the majority of DHP and HHHP, 58% and 71% respectively, reported that their partner was much older. The only hearing-impaired cell with a majority of respondents reporting that their partner was about the same age was DDP. One can draw their own conclusions from this, but it is the researchers suspicion that DHP subjects, those who normally have a low level of communication with their parents, may be more susceptible to the seductions and pressures for sexual involvement with older peers. Extending this line of reasoning further, one could speculate that a great many of these first homosexual encounters transpire within the confines of residential schools for the deaf, and the staff and other personnel are very aware of which male student has hearing parents, thus normally a communication problem within familial limits, thereby making the young DHP an "easy prey," for lack of better terminology. Again, this is merely speculation, but is supported by current research on child sex abuse that shows "disabled" children are at a higher risk than others. As for the HHHP cell, who for the most part attended public or mainstreamed schools the above argument concerning dormitory life does not apply. There are most likely other factors which influence the young HHHP to have their first sexual encounter with an older individual. Again, the numbers in the HHHP cell were small, and can hardly present solid evidence that this is true for all gay

hard-of-hearing males. Further research is suggested in this area.

The majority of deaf subjects reported that their first homosexual partner was hearing-impaired, while both HHP and HHHP reported with higher frequency that their first partner was hearing. Of special note should be the HHHP, often described as those who straddle the fence between the hearing world and the deaf world, show a high tendency (88%) for having a hearing person as their first homosexual partner. This may be accounted for by the HHHP individual who may tend to have more exposure and contact with the "hearing world" at that time in their life, at least in comparison with the other hearing-impaired cells.

All cells reported that they willingly participated in their first homosexual act, but 29% of DDP reported that they were forced. Even though all cells reported with highest frequency that they did not want their first homosexual act to stop once it had begun, of the DDP subjects that willingly submitted to their first sexual act, 33% of them reported that they actually did want it to stop after it had begun, as compared with 0% among all other cells. This corresponds to the incidence within the DDP cell of the first sexual act being forced. This was quite significant, and may be further explained by the fact that 50% of DDP experienced confusion as their primary emotion during their first homosexual experience. In addition to this, 17% of DDP, higher than any other cell, reported that guilt was their dominant emotion. This reflects a total 67% of the DDP

respondents reporting negative emotions during their first homosexual experience. All other cells reported with highest frequency that pleasure was the dominant emotion during their first homosexual experience.

While pleasure was the dominant emotion for DHP, HHP, and HHHP, the majority of all cells reported either guilt or confusion, with a higher emphasis on confusion, as their secondary emotion during their first homosexual experience. In contrast, all cells with the exception of HHHP reported anger as the least dominant emotion. The HHHP cell reported a high frequency of disgust (50%), also a negative emotion, but a relatively high rate of pleasure as being the least dominant emotion (25%).

The great majority of all cells believed that the causal factor of their homosexuality was innate, that they were born with the predisposition for this sexual orientation. Of note was the 27% of DHP who believed that the causal factor was their first gay experience. This was also the same cell that reported a high frequency of first homosexual partners being older than themselves. Masters (1988) reports that homosexuality, contrary to popular belief, is not caused by the male being seduced by an older gay male.

Green (1987) points to the Bieber group's study of homosexuality where two-thirds of the homosexuals were described as having mothers that were dominant and "close-binding-intimate." Green further highlights Bieber's research that

points to homosexuality linked with a weak and passive father, as well as one who is absent. Green reports findings that go contrary to this and suggests that there are prenatal biological factors which may predispose certain individuals to homosexuality. Masters (1988) points to work done by Bell, Weinberg and Hammersmith which reports that homosexuality probably has a hormonal, prenatal link. This further supports Green's findings.

The subjects in this research support Green's findings, at least as based upon their own perceptions as to the causality of their own homosexuality. A high percentage report that they were "born that way."

The great majority of subjects reported that the first person they informed about their homosexuality was a friend. Of note was the fact that none of the DHP informed their parents, with a small percentage of all other cells reporting that they informed one of their parents first. As for who the subject informed second about their homosexuality, there still exists a great majority of cells who informed a friend, with the exception of HHHP, with an equal number informing their mother. Even though the percentages were low for all cells with regard to informing either parent figure, the HHP cell showed a markedly lower frequency of informing either parent when compared with the hearing-impaired cells. It was later noted that the HHP cell showed the highest incidence for being "closeted" with regard to their sexual orientation. In all instances the father was rarely

informed, with a top frequency of 14% as being the second informed by HHHP.

Hearing Impaired Subjects' Background

The majority of hearing-impaired subjects experienced their hearing loss prelingually. As should be expected, the median age at which sign language was learned was much lower for DDP at 2 years, then DHP at 5 years. Along the same lines was the fact that the majority of DDP learned sign language prelingually. Not surprising, although rather high, was the median age at which HHHP first learned sign language, 17 years of age.

In establishing the audiological cell in which the hearing-impaired subjects were placed, a modified version of Garretson's and Jordan's (1984) scale was used:

Less than 40 dB	Mild Impairment
40 dB to 75 dB	Moderately Severe Impairment
76 dB to 95 dB	Severe Impairment
96 dB and up	Profound Impairment

All DDP have members of the nuclear family who are also hearing-impaired, as compared with 86% of HHHP who had no other member in either the nuclear or extended family with a hearing impairment, thus lending to further isolation for the HHHP with regards to communication and shared audiological experiences.

As anticipated, the majority of DDP and DHP attended schools for the deaf, either residential or day programs, with the majority of HHHP attending public schools at both levels. Somewhat surprising was the increase of DHP who move to day program schools for the deaf at the junior high school level,

going from 42% at the elementary level to 67% at the junior high level.

This level was maintained by the DHP at the high school level, while there was a shifting away from schools for the deaf by the DDP into public schools. One cannot be sure if there is a connection, but there was also a great degree of ambivalence, confusion, and guilt with regard to the first homosexual experience by the DDP cell, as well as a fairly high percentage that were either forced into their first homosexual act or wanted it to stop once it had commenced. This may have led the DDP subjects to suggest to their parents that they were dissatisfied with the residential and day schools for the deaf, for whatever reason offered, and the switch was made to public schools. Perhaps this sample was "brighter" and moved to public schools for a more educationally challenging program.

Hearing Subjects' Background

Not surprising was the fact that the majority of HHP attended public schools, have no one else in their family who was hearing-impaired, use oral methods of communication with those who are hearing-impaired within their family, and either do not sign or are not fluent signers.

Most (75%) of the HHP had frequent or occasional contact with deaf people. This can be attributed to the method in which subjects were recruited for this study, many of whom had ties to Gallaudet University and/or the deaf community in a professional or social capacity.

Perceptions and Attitudes Section

When asked whether the mother knows that the subjects are gay, all cells reported this to be true with the highest frequency. Of special note was the significantly lower percentage of HHP whose mother was aware that they were gay (63%). Of those subjects whose mothers knew they were gay, there seems to be a clear breakdown along culturally homogeneous lines. HHP and DDP cells had the most accepting mothers, while DHP had a somewhat lower rate of acceptance, and HHHP had a much lower rate, with the majority of their mothers not accepting of their homosexuality. Again, the emphasis seems to be placed on the negative experiences of the HHHP cell, although it was noted in both the DHP and HHHP cell. One possible explanation may be the increasing maternal guilt that surrounds these individuals. The mother, who was hearing, had to first deal with the trauma of having a son who is either deaf or hard-of-hearing, and now is asked to accept that her son is also gay. This may be rather difficult, and may bring up unresolved issues concerning guilt.

In comparing fathers who know that their sons were gay and mothers who know that their sons were gay, there was a noticeable drop in the number of fathers who were aware, at least as far as the respondents were concerned. DDP report the highest percentage whose father know they were gay, accountable most likely by homogeneous cultural and language ties, with DHP and HHP fairly close on the low end of this spectrum.

Ironically, while the DDP cell reported the highest frequency of fathers who knew they were gay, they also reported the lowest percentage of acceptance.

This has a reverse affect when concerning the brother in the DDP cell family. While they report a low incidence of the brother(s) knowing that they were gay at 25%, all that do know accept the subject's homosexuality. There actually exists a negative correlation between the brother(s) knowing and their acceptance of the fact between all cells. While all HHHP in the cell report that their brothers know they were gay, they report the lowest incidence of acceptance, even though it was 60%. Perhaps this indicates that only those who felt their brothers would be supportive made the effort to inform, which may or may not be the case. The brother may pick up this knowledge from sources other than his gay brother.

A fairly high percentage of all cells reported that their sisters know they were gay, and of these an extremely high rate of acceptance. Here again, as with the acceptance by the brother, the HHHP cell reports a lower frequency of acceptance by the sister(s).

A disturbing 57% of DDP subjects report that they do indeed feel distant from their family. Granted, the number was small (n=7), but the fact that this very tightly-knit cultural group now shows its first sign of a weakening under the strains of homosexuality within the family was certainly noteworthy. Even

more surprising was the 14% who felt distant as reported by the HHHP cell.

Overall, the hearing subjects found it much more difficult to discuss their homosexuality with their parents. Upon further examination the DHP cell reported a nearly equal percentage of difficulty.

When asked the question if most of their friends knew they were gay, the HHP cell reported the lowest response in the affirmative at 75%, with all other cells reporting a higher frequency.

Not surprising was the fact that the HHHP reported the lowest frequency for having lots of friends. This might suggest that this groups sexual orientation acts as a further alienating and isolating factor.

Keeping in line with the question which asked if most of the subject's friends knew they were gay, the question asked of the subjects if "most of their friends were gay" was answered along similar frequencies. HHP subjects reported a 50/50 split to this question, while all hearing-impaired cells reported a majority in the affirmative, with DHP showing the highest percentage at 83%. Bell and Weinberg (1978) reported similar findings related to the percentage of gay friends, with hearing gay males reporting about 50% of their friends were gay. The fact that 83% of the hearing-impaired subjects' friends were gay was very significant, and suggests further polarization within the deaf culture.

While what would be considered a significant number of HHP subjects who were still in the closet, a similar number of DHP subjects also report that they were in the closet.

The DDP cell reported at a 100% rate that they were not in the closet. Of this same cell, 14% reported that they were half in and half out of the closet. This may seem contradictory, but its disparity here may be due to the interpretation of the questions in the survey. While an individual may feel that they were not in the closet, they may feel that they were not out of the closet as well. Perhaps it would have been better to have phrased the question positively "I am out of the closet." Nevertheless, it appears to be a safe conclusion that DDP subjects were fairly open about their sexual orientation. Similarly, it may be rather difficult to conceal one's sexual orientation in the deaf community. On the other end of the spectrum, both HHP and DHP report a nearly even split between being half in and half out of the closet.

Overall, there was no clear cut majority with regard to being totally out of the closet. There seems to be a great deal of ambivalence in all groups, more so in the hearing cell than the others. Much research has been done on the pros and cons of coming out.

In an article written by an anonymous physician (1973), the doctor pointed out the pros and cons of staying in the closet or coming out, of being outwardly gay or keeping his sexual orientation a well-hidden secret. Among the reasons pointed to

in support of him remaining in the closet was his high social and professional status, status that would be endangered if the closet door was swung wide open. This seems to be the case among the subjects researched here.

Paul (1982) reports that even though some myths concerning homosexuality are dispelled, new ones soon take their place. This indicates that the myths are not based upon lack of education, but rather a persistent need to display homosexuality in a negative light by the public in general.

Hite (1981) reported that the majority of gay males felt a compulsion to remain in the closet, while a small minority were ambivalent as to whether to stay in or come out of the closet. There seems to exist very little middle ground in Hite's study; either the gay male was out totally and had "thrown caution to the wind," or they were tightly locked into the secret closet. Masters (1988) reports similar findings with regard to the difficulty of coming out or staying in the closet.

McNaught (1986) reports in a compilation of writing his struggle in coming out of the closet and expressing his homosexuality while at the same time remaining a devout Catholic. The Catholic church has long frowned upon homosexuality, and it was interesting to note the high percentage of respondents to the survey who were raised in a Catholic environment. McNeill (1976) expresses a very tolerant stance that the church should adopt in dealing with gay males within congregations of the Catholic church. McNeill points to Dignity, a gay Catholic organization

that promotes acceptance of gay males on humanistic as well as religious terms within the realm of the larger culture. This may change or is changing, for the Catholic church has just clamped down on Dignity, with many churches forbidden to let Dignity use the church as a place of worship.

When such sentiment of negativity surrounds homosexuality in our culture, it is no wonder that many gay males decide to remain in the closet, like the physician mentioned above. Coleman (1982) has even developed a five-stage plan to help his clients in the coming-out process. Coleman's objectives are realistic, for he recognizes the difficulty that the gay male faces when toying with the idea of whether to come out or remain in the closet.

A fairly low percentage of HHHP subjects reported that their families would prefer that they stay in the closet (29%). This was in keeping with previous responses by this group which indicate that they were fairly close to their family, and experience a high rate of acceptance by their family with regard to their sexual orientation.

A significantly greater number of hearing-impaired subjects belong to an organization or club for gays as compared with the hearing cell. A possible explanation of this is offered by Zakarewsky (1978, 1979), where he points to the fact that the gay deaf community finds limited acceptance from the gay hearing community as well as the straight deaf community, so a network or support system among this subculture has been established.

Further proof of this cultural networking was reflected in the lower percentage of HHHP that belong to a club or organization for gays, a possible further example of alienation and separation along audiological and cultural lines.

Hearing subjects reported a higher frequency of dating and going steady with a person of the opposite sex. The frequency for other cells go steadily lower from DDP to DHP to HHHP. An ironic twist to this was that hearing subjects reported the lowest frequency of being engaged to the opposite sex, and HHHP subjects reporting the highest frequency. This indicates that the hearing subjects did indeed date, but more often than not it did not develop to the point of engagement, indicating acceptance of their sexual orientation, and a low degree of denial in this respect. On the other hand, the HHHP subjects reported low incidence of dating, but high incidence of engagement. This indicates a denial of sexual orientation, possibly hoping that by becoming engaged everything would work out and their sexual identity would reverse itself. This is mere speculation; plausible speculation that is.

While 13% of the hearing subjects reported being married at present or in the past, only 4% of the hearing-impaired subjects reported being married, and all of these were DHP. The significantly lower number of hearing-impaired subjects having been married may be a function of the lower median age of these subjects, or it may actually be a reflection upon their acceptance of their sexual identity. Bell and Weinberg (1978)

reported that about 20% of their sample had been married, which was not too far above the 13% as reported by the hearing gay males in this study.

HHP reported the highest frequency of sex with a straight woman, while HHHP reported the lowest frequency. This may be a commentary upon the HHHP acceptance into the mainstream of society, or their willingness to experiment. While the HHHP subject experienced a low incidence of sex with a straight woman, he at the same time shows a high incidence of engagement to females.

All cells reported with highest frequency that their first homosexual experience was positive. Of note was the 29% DDP who reported that it was not. This correlates well with the fact that they previously reported with higher frequency that they were forced into their first homosexual act, and if they were not forced, they wanted it to stop with a higher frequency than the other cells.

Of great interest was the question which deals with whether the subject's thought their first sexual experience determined their sexual orientation. None of the hearing subjects believed this to be true, while there was a 50/50 split among the hearing-impaired cell. Upon closer examination, a very high 67% of DHP believed that their first sexual experience determined their orientation.

The majority of hearing-impaired subjects (73%) believed that their early sexual experiences greatly influenced their

attitudes concerning themselves. Of these hearing-impaired subjects, both DDP and DHP reported even higher frequencies in the affirmative concerning this issue. One can conclude that a lot of importance was placed by the hearing-impaired subjects upon their early sexual experiences, and they believe that they these experiences played a key role in shaping their self-esteem and possibly their ego identity.

Of HHHP subjects, 29% were currently receiving counseling for problems related to their homosexuality. Related to the counseling issue, a greater proportion of hearing-impaired subjects wanted counseling but did not know where to go. Of these hearing-impaired subjects, a high 43% of the DDP subjects did not know where to go. This was probably a problem linked to inadequate or unavailable psychological services for the hearing-impaired, further confounded by deaf homosexuals within a homogeneous deaf family who may resent or isolate themselves from the hearing culture. Further related was the 43% of DDP subjects who were afraid to go to counseling. This all may tie into a fear of being "found out;" of having their sexual orientation exposed and known within their family and the community.

A greater proportion of hearing gay males went to church less or stopped going to church entirely since realizing they were gay. In a further breakdown of cells, a nearly identical percentage of DHP subjects went to church less or stopped going entirely. 35% of the hearing subjects and 19% of the hearing-impaired subjects attend church less or have stopped going

entirely. Bell and Weinberg (1978) have similar findings when compared to the hearing subjects, but the hearing-impaired subjects show a much lower incidence of decreasing church attendance. What may be considered interesting is that Bell and Weinberg report that gay black males were more likely to attend church frequently than gay white males. Blacks being a minority group, as are hearing-impaired individuals, perhaps there is a correlation. It is recognized that church is much more an integral part of the black community and culture than it is for many non-blacks. Perhaps the same holds true for the hearing-impaired individuals, where church may be seen as a meeting place and a sense of core-community is strong and bonding.

Subjects were asked whether they believed that having sex with other men was wrong, even though they knew that they were gay themselves. In that question, the majority did not believe this to be true, but 14% of DDP subjects did believe having sex with other men to be wrong. The DDP subjects believed for the most part that AIDS was not a punishment by God, but 14% did believe it was. These two questions relate strongly to self-perception and ego identity. They were also indicative of the fact that a significant percent of DDP subjects believed that their early sexual experiences greatly influenced their attitudes about themselves.

When asked whether AIDS had changed their perceptions of themselves with regard to guilt, negative feelings, etc., the majority believe this was not the case. Of special note was the

DHP cell, 42% of which believe that AIDS has changed their perception.

There was quite a disparity among the hearing and hearing-impaired subjects when asked if they were happy with their love life. A total of 81% of the hearing-impaired subjects said they were happy, while only 40% of the hearing subjects said they were happy.

Both major cells of hearing and hearing-impaired believed, at the rate of 64% and 62% respectively, that it was not difficult to have a lasting relationship with another gay male. The only cell that believed it was difficult was the DHP cell, where 58% of the subjects expressed this belief.

Another area of discrepancy arises with the statement "My sex life is pretty good." Nearly 100% of the hearing-impaired cells agreed that this was true, but only 66% of the hearing subjects agreed to this statement.

Overall, the hearing subjects appeared less content with their love life and relationship status than the hearing-impaired subjects. The fact that many of the subjects reported that they were not satisfied with their present love relationship situation may be an indicator of a trend that is occurring within the gay culture. Larson (1982) reports that there exists an increase in the incidence of gay males who were involved in short-term relationships. Larson interprets this as an alternative to coupling, but perhaps the subjects in this research may interpret short-term relationships in a different way. Many subjects made

comments at the end of the questionnaire concerning their relationship status, stating that they were either looking for a relationship or one were in the process of developing one that would (hopefully) blossom into something meaningful. The sentiment indicates that the respondents desire long-term relationships, or at least relationships that were satisfying and fulfilling. That such a high percentage describe their relationship status as unsatisfactory indicates that somewhere in the coupling area things were not clicking for the gay male, both normal-hearing and hearing-impaired.

Despite the fact that Masters (1988) reports that a very small minority of male homosexuals display effeminate behavior, 35% of the hearing-impaired subjects, and moreover 43% of the DDP cell believed that male homosexuals could be easily recognized by their feminine behavior and appearance. Perhaps this is true within the deaf culture, for body language, facial expression, and gestures play a much greater role within the realm of communication.

The DHP cell reported strongly at 92% that gays who were effeminate did not bother them. On the other hand, while only 8% reported they were bothered by effeminate gays, a larger 25% reported that they felt uncomfortable around effeminate gays.

Overall, the hearing-impaired subjects had a somewhat more positive image of themselves, with 96% of the hearing-impaired subjects reporting that they have a positive image of themselves, as compared to 87% for the hearing subjects. It can be noted

that 14% of the DDP cell felt inferior because they were gay. While this was a small percentage, all other cells reported at a rate of nearly 100% that they did not feel inferior because they were gay.

While 28% of the hearing subjects reported that they were lonely, a surprisingly low 4% of the hearing-impaired subjects held this belief. Upon further examination, 14% of the DDP cell reported that they were lonely. The hearing subjects' responses correlate well with Bell and Weinberg's (1978) findings that about 35% of their subjects were lonely, while the hearing-impaired subjects' responses were markedly lower, or in this instance, more "positive" (i.e. 96% reported that they did not feel lonely).

Again another surprising finding was that 22% of the hearing subjects reported that they were depressed often. The only other cell that reported feeling depressed often was the HHHP cell at 14%.

Although most respondents reported that they do not go to bars alone, more hearing subjects indicated that they did than did hearing-impaired subjects, 33% as compared to 23%. The only other cell that exceeded this percentage was the DHP cell at 42%. Of special note was the fact that in the HHHP cell, none of the subjects reported that they often go to gay bars alone.

Of the hearing-impaired subjects, 27% responded that as an adult they had experienced rejection by a friend when it was found out that they were gay, while only 12% of the hearing

subjects had experienced this. This may be explained by the fact that hearing-impaired subjects had informed friends of their sexual identity with higher frequency. A relatively high 43% of the HHHP cell had experienced this rejection.

A significant number of hearing subjects (41%) believed that they do not "fit in" with most gay people. The only other cell that came close to this percentile was the DDP cell at 29%. Of interest was that both of these groups come form audiologically homogeneous familial backgrounds.

When asked to respond to the statement "I feel people don't accept me for who I am," the DDP cell at 29% and the DHP at 36% responded that this statement was true in their situation. This represents a significant number of respondents in these two cells who feel that they do not assimilate into the mainstream of society, for reasons either related to audiology or sexual orientation, or both.

While the other three cells were nearly split on this statement, only 29% of the DDP cell said that they were teased, mocked and rejected during adolescence. This may indicate that kids in residential schools are more accepting of this as well as other "differences," or that male homosexuals are tolerated in the residential setting because there may be a higher incidence of them.

Hearing subjects and those in the DHP cell reported that they were very sensitive to criticism, at 47% and 42% respectively. Those who were deaf and had deaf parents (DDP)

reported a low incidence at 14%, as did the HHHP cell. This could be due to the development of a "thick skin" because of audiological background. This also could be linguistically related as well, for the DHP cell may feel a strong degree of isolation because they were not receiving much of a message at all aurally at home, often lending itself to misunderstanding and misinterpretation.

Only 9% of the hearing subjects wished they were straight, while 31% of the hearing-impaired subjects wanted to be straight. Even more astounding was the 43% of the DDP cell that wishes they were straight. Related to this was the 88% of DDP that sometimes dream about what their life would be like if they were not gay. This indicates a significant degree of dissatisfaction with their homosexual orientation. This was also significantly higher than Bell and Weinberg's (1978) findings that only about 25% of gay males wished they were straight.

Practically the only group that used recreational drugs often to any extent was the DHP cell at 25%. This might be viewed as escape and acting out behavior in attempts to deny reality and withdrawal.

The DDP cell responded 14% in the affirmative that they feel guilty about being gay. While this was not a very large number, it could be considered significant since none of the other subjects answered true to this statement.

The cells of DDP and DHP both responded at 25% or above that they tell anti-gay jokes to try to fit in with their straight

friends. A nearly equal percentage from both groups also said that they laugh when people tell anti-gay jokes that were very insulting.

Both HHP and DDP cells felt at 23% and 29% respectively that their feelings were not similar to those of their gay friends. None of the other cells reported any incidence of this. Small, but possibly significant number in these cells may feel very singular, alienated, or have a strong ego that separates them from the crowd.

What might be considered a militant statement "I don't give a damn what the world thinks; I'm gay and damn proud of it!" received mixed reactions and a lot of comments in the final section of the questionnaire. A high 88% of the HHHP cell felt this statement was true for them, while smaller yet majority percentages of the other cells felt this was true as well. Some of the comments by those who disagreed with this statement expressed sentiments that the individual indeed cared what others thought about them; that essentially they were not defiant.

When given the statement "I doubt that there are any gay pro baseball, hockey or football players," only the deaf subjects responded that this was true to any degree, with 14% of the DDP cell and 17% of the DHP cell agreeing. This was a very stereotypical statement, and represents a myth that has been dispelled by many athletes who have publicly come out of the closet. Either the deaf subjects have not heard this news yet, or they still hold onto the myth.

Another statement which represents a myth is "I believe that most interior decorators and beauticians are gay." Surprisingly, the majority of the hearing-impaired subject believed this to be true at 54%. In actuality most beauticians and interior decorators are women, and although the statistics are not available, it is doubtful that the majority of them are gay (or lesbians). This could also be viewed as a trick question for the subjects were in the mindset of thinking about gay males and males in general while answering this questionnaire. Still, it is not necessarily true that most males in these lines of work are gay.

In the DDP cell 43% of the subjects responded that they did not trust most straight people. This number was significantly higher than the other cells, and shows a feeling of insecurity and possibly the lack of a positive ego identity.

Although most respondents trusted most gay people, the DHP and HHHP cells expressed a mild degree of mistrust at 25% and 29%, respectively. This was of special interest since both of these group were not from homogenous audiological familial backgrounds.

Interesting, 52% of the hearing-impaired subjects believe that hearing people were fairly accepting of homosexuality, while only 25% of the hearing subjects believe this to be true. On the other hand, both hearing and hearing-impaired subjects, 63% and 62% respectively, believed that hearing-impaired people were fairly accepting of homosexuality.

Conclusions

The working hypothesis was that there would be a hierarchy of perceptions and attitudes, with deaf subjects of deaf parents being the most positive, followed by hearing subjects, deaf subjects of hearing parents, and finally hard-of-hearing subjects having the most negati e perception and attitude. This reasoning was based upon the belief that the two homogeneous groups, the hearing and the deaf with deaf parent groups, would have the strongest familial ties and support. It was further believed that the deaf gays with deaf parents would fare better even better than the hearing gays with respect to their attitude and self-perception, mainly because there has been noted to be a higher degree of cohesiveness among individuals who are culturally distinct and in the minority in comparison to those who compose the mainstream of society. This cohesiveness was expected to trickle down through the familial unit at all levels, in all aspects, as in this case when faced with a son who is gay.

The hard-of-hearing gays were expected to display the most ambiguity and ambivalence with regard to their attitudes and perceptions. This expectation was based mainly upon the noted difficulty that hard-of-hearing individuals in general face in day to day living, often struggling to find acceptance by a not too accepting deaf world and a hearing world that is less than understanding. The hard-of-hearing individual is often seen as one who "rides the fence," seldom knowing to whom their allegiance should be sworn or from where their support comes.

For these reasons, this group was expected to report the most negative self-concept and perception.

The deaf gays with hearing parents were expected to rank somewhere in the middle of the perceptually and attitudinal hierarch. While their familial units are not homogenous, they do have the benefit of a clear audiological picture, and this was expected to permeate their lives at every level, including their attitudes about themselves with regard to sexual orientation. A great deal of support was not expected within the nuclear family, but it was believed that this support would come from ties outside of the family, most notably deaf friends who are gay, and more than likely in a residential school for the deaf setting.

The results were quite interesting, and to say that the above hypothesis was not supported by the data would be an understatement. Even though hard-of-hearing gays indicated the lowest amount of acceptance and the highest degree of rejection by others with regard to their sexual orientation, they displayed the most positive attitude and self-perception throughout the survey.

Overall, hearing gays appeared less content with their love lives and relationship status than deaf gays. Hearing gays also reported with higher frequency that they were lonely, depressed often, felt they did not fit in with other gays, and were very sensitive to criticism. Of all the groups, hearing gays and deaf gays with deaf parents showed the most confusion and negative feelings about their sexuality. The majority of deaf gays with

deaf parents reported feeling distant from their family because of their sexual orientation.

These findings go contrary to the hypothesis of this research. Admittedly, the subject pool was small, and no tests were done for significance or validity, but the data shows a trend of which points to a hierarchy which in face may be the exact opposite of the stated hypothesis.

On the whole, deaf gays had a more positive image of themselves than did hearing gays. A possible reason for this was the cohesiveness noted, especially because a very high percentage of them reported that most of their friends were also gay. Essentially what exists here is a sub-culture within a culture. Further evidence of this bond is the greater incidence of deaf gays who belonged to gay advocacy clubs and organizations.

Throughout all groups the predominant religion was Catholicism, the very religion that is doing so much to suppress homosexuality, and certainly has condemned it via Vatican doctrine.

A not so surprising fact was the time required from first suspicion of homosexuality to actual acceptance, with most gays reporting that it took them 12 years to come to terms with their sexual identity.

An alarming fact was the incidence of deaf gays with deaf parents who reported that they were forced into their first homosexual act. Of those deaf gays who willingly submitted to

their first sexual act, one-third wanted the sexual act to stop once it had started.

The majority of deaf gays reported that their first sexual experience not only determined their sexual orientation, but also shaped their attitudes, while this was not true for the hearing gays. Of these attitudes, some were rather negative, such as believing that sex with other men was wrong and that AIDS was a punishment by God, feelings expressed by only deaf gays of deaf parents. Another attitude that suggested a degree of cognitive dissonance was the nearly one-third of deaf gays who wished they were straight.

The results cannot be deemed conclusive, not only because of the small number of gay males in this study, but also due to the wide diversity of responses that at times contradict each other. While it appeared that deaf gays had a better feeling about themselves, this can only based upon certain questions within the survey. At various other points myths seemed to prevail, such as persecution by a "higher power" and that AIDS was one of the wraths of this "higher power." Although not surprising yet noteworthy was the higher incidence of deaf gays who believed that gay males were not involved in professional "contact" sports, or that most interior decorators and beauticians were gay. In fact, gay males in these sports have come out of the closet, and most beauticians and interior decorators are women, not gay males. It seems that even though the deaf gay male is more open and complacent about his lifestyle, there are some

factors of his life with which he is not comfortable. To say that this is limited to the deaf gay male would be an untruth; a number of warning flags are displayed in the statistical portion of this survey that show reason for concern.

Lewis (1982) points to the fact that accurate information regarding homosexuality is simply not reaching the hearing-impaired student and/or homosexual. This is viewed as a problem linked to linguistical transmission of correct information, as well as peer interaction that is often limited for the deaf adolescent, especially if that student is in a mainstreamed program with few friends that "speak the same language." Lewis reports that the words "poof" and "puff" were used among hearing-impaired adolescents to describe (label) homosexuals, and that the word "gay" only had a connotation of "happy." Fitz-Gerald (1979) reports the same difficulty in getting appropriate information concerning homosexuality to the hearing-impaired adolescent, despite Pearson's (1979) report that over 50% of the parents wanted homosexuality included in the curricula of their respective schools. This implies general discomfort of many schools for the deaf with the whole subject of homosexuality and related topics.

The teaching of curricula concerning homosexuality is not reaching the normal-hearing adolescent either, at least according to Sonenstein and Pittman (1984). They report that the subject of homosexuality is taught by the ninth grade in only 2.9% of the schools reporting, a very low and alarming rate.

The task is not made any simpler by the ambivalence that exists among educators. Willke (1971) reports, in their manual of "How-To" for teachers and sex education, that homosexuality is a medical disorder and should be treated as such. Their answer seems to be that homosexuality is a sad fact of life, and rather than teaching about it in an objective manner within the classroom, the teacher is advised to offer the homosexual student treatment, but definitely not to encourage or condone such activity. Granted that this was printed 19 years ago, but that is not actually too long ago, and many of the subjects who responded to the questionnaire were in different levels of the educational system at that time, bearing the results of such ideology.

At the same time of Willkes (1971) report, Allen and Martin (1971) reported their findings that homosexuality was not a disorder, but rather an alternate way of life. They emphasize the Wolfenden Report that made it quite clear that homosexuality is not a disease.

AIDS is one area of this study that was examined to some degree, and the data collected suggests that AIDS education is not being taught in a totally effective manner. This goes in accordance with the American Academy of Pediatrics (1988) who report that AIDS education is for the most part ineffective as is and must start at a much earlier age in school. Others report similar findings and make suggestions along the same lines (Hines and Randel, 1988; Hussti, 1987; Koblinsky, 1987; New York City

Board of Education, 1987; and Quakenbush, 1988). The acquisition of accurate information regarding AIDS is vital to all adolescents, especially the gay male.

What this all boils down to is the fact that very little is being done in the educational system with regard to educating the general public about homosexuality and various perspectives of the sexual orientation. Accurate and supportive information does not exist where adolescents spend the majority of their waking hours, and at home the picture is equally as bleak. The gay male is surrounded by teachings and philosophies that impede his acquisition of a positive ego and sexual identity. Many religions, especially Catholicism, teach that homosexual behavior is wrong, immoral, and a sin. Society's generally negative attitude manifests itself in anti-gay jokes, jokes that are often told by the fathers, brothers, and peers of the gay male.

Additionally, there exists a lack of positive role models, especially in places where these adolescents are spending most of their time (i.e. home and school). During early to middle adolescence, a time when the gay male struggles to attain a positive identity, he is being constantly bombarded with negative information concerning homosexuality. This leaves the young gay male caught in a dilemma, one where his inner self is telling him that his homosexual feelings are unquestionably real, while society is constantly imputing that homosexuality (and his feelings) is wrong, sinful, and indeed sick.

The saying goes "You are what you eat." Perhaps the saying may also go "You are what you think." We are a product of our thoughts and our thoughts are accumulated by what we are taught. Some things are taught as being appropriate, and other things are taught as being taboo. Many things are not taught at all, and this usually means that this is also taboo. If we are not taught appropriately, we in turn can not learn and grow productively. Lack of learning results in stunted growing. When answers must be sought out from sources that are less than reliable, myths often perpetuate, and there exists a great time lag between when the actual truth is sought out, and when it is actually acquired.

Nothing could be more true of the struggle that faces the homosexual male, be he hearing or deaf. This study may only add up to a mountain of numbers to some people, but to the gay male they are truly a reflection upon the sad situation that he faces everyday in an attempt to "find himself." No one clear line can be drawn along any of the cells examined in this study. If one things comes out clearer than anything else, it is that gay deaf males, especially those with deaf parents, have a lower opinion of themselves than their hearing counterparts.

The fact that any of these questions should be answered significantly in a way that can be interpreted a negative self-perception is reason for alarm. To say that only so many percent of gay deaf males are lonely or depressed, and the number is small and insignificant is in essence a denial of their right to have equal dignity and security with their identity.

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